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Approved for deathfough 11/50/2611, OMS 0631-0005

U.S. Petent and Trade-mark Office; U.S. DEPARTMENT OF COMMERCE

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AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

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In re Ap	pilication of:	awany	on					···	
Applicat	ion No.	10/586	718				· · · · · · · · · · · · · · · · · · ·		
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Attorney	Docket No.	3812		Art Unit:	37	38			
	Name				Registration Number				
1.0	practitioner is authorized to file correspondence in the above-ide 1.34:								
1. Z	borovsky		·	.					
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i nis is no loes not h bandonm ssignee c	ot a Power of Att have authority to hent, a disclaimer of the entire intere	corney to the above sign a request to cha , a power of attorney est or an attorney of the executed and filed	e-named p ange the c y, or other	ractitioner. orrespondent document rec	Accordingly ce address, quiring the s	the practare of the second sec	t for an express of the applicant,	above	
		SIGNATU	JRE of Pra	ctitioner of R	ecord				
ignature	471	/				Date OJ	110/20	10	
ame	Michael J. Strik	ër				Registration 27,2:	on No., if applica		
elephone	(631) 549-4700					21,2			

This collection of information is required by 1.31, 1.32 and 1.34. The information is required to obtain or retain a benefit by the public which is to fite (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 1.22 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Palenti and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1459, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-300-PTO-9193 and select option 2.